Department of HUMAN SERVICES

Health Home Learning Collaborative

Health Home Services and Roles

April 19, 2021

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. Home Health Services and Roles……Bill Ocker, Iowa Total Care
   - Review the roles of each team member of the Health Home as it is stated in the SPA. Discuss overlap of service roles. Also touch on the role of the Health Home when a member has a waiver.
3. Questions/Open Discussion……..…All

   (Open discussion on current issues or barriers, potentially leading to future monthly topics)

   Coming up:

   - *April 26, 2021, Spring Learning Collaborative, Benefits of Health Homes/Interventions for members with SMI/SED*, Amerigroup
   - *May 17, 2021, Transitions in Care (inpatient hospitalization, PMIC, skilled nursing, re-entry / jail to community),* Iowa Total Care
   - *June 21, 2021, Annual InterRAI: Annual training on the InterRAI assessment tool for the Children's Mental Health Waiver,* Amerigroup

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.

Learning Objectives

- Participants will be able to define each role performed in the Health Home
- Participants will be able to identify the scope of work and activities performed by each role within the HH

Core Services

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care Follow up
- Patient and Family Support
- Referral to community and social support

COMPREHENSIVE CARE MANAGEMENT

COMPREHENSIVE CARE MANAGEMENT

- Outreach / Engagement
- Assessment
  - Current and Historical Information
  - Physical and Behavioral
  - Medications
  - Functional Limitations
  - Screenings
  - Social Environment – Needs, Strengths and Risk
  - Self Management

COMPREHENSIVE CARE MANAGEMENT Cont.

- Person Centered Service Plan
  - Supports for Total Health of Member
  - Supports for child and whole family
  - Wraparound Support
- Reporting
  - Gaps in Care
  - Claims based monitoring
  - Information sharing

Technology Support

- Portal
  - Health and Wellness Tools
  - Member Information
    - Gaps in Care
    - Score Cards
    - Client Portal / Patient 360

Comprehensive Care Management Team Member Roles

- **Nurse Care Manager**
  - **Oversight**

- **Care Coordinator may assist Nurse care manager with delivery of service**

- **Peer Support / Family Support may assist with the development and contribute information to support Comprehensive Assessment and Person Centered Plan.**

CARE COORDINATION

Care Coordination

- Community Supports
- Hospital
  - ED, Inpatient Unit
- Medical Specialties
- Medication Management
- Health Information
- Care Plans
- Follow up

Scope of Work

Care Coordination

- Outreach
- Assessments
- Appointment Scheduling
- Referrals
- Follow up
- Team Staffing
- Communication

Assessment

- High Risk Members
- Clinical and Functional Needs
- Support System
- Goals
- Follow up
- Data

Formal Assessment vs. Informal Assessment

FORMAL	INFORMAL

• Standardized format
  • Administration
  • Scoring
  • Quantitative
• Individual – based
• Evidence – based
	• Subjective
	• Qualitative
	• Individual or group basis

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• **Patient Tier Assessment Tool (PTAT)** required for CCHH members • PHQ – 9 • PHQ – 2 • AUDIT (Alcohol Use Disorders Identification Test) • Vanderbilt Diagnostic Rating Scales • BDI (Becks Depression Screen)	• Direct observation • Social patterns • Interest / abilities inventory • Strengths / weaknesses • Checklists • Questionnaires • Interviews with member / family • Rating scales

Care Coordination Team Member Roles

- Nurse Care Coordinator
- Physical and Behavioral Doctors
- Care Coordinator
- Peer Support / Family Support*

Peer Support / Family Support Specialist

- May support / assist with Care Coordination:
  - Follow up and monitoring
  - Appointment scheduling
  - Attend joint treatment plan meetings
  - Support Coordination of Care
  - https://www.samhsa.gov/multi-site-search?search_api_fulltext=+peer+support&sort_by=search_api_relevance&sort_order=DESC&items_per_page=25

HEALTH PROMOTION

Health promotion

- Promote
  - Health Goals
    - Provide Education to member and family
    - Prevention
    - Screenings
    - Motivational Interviewing
- Self-management
    - Medication
    - WRAP
    - Chronic Diseases

Health Promotion Team Member Roles

- Nurse Care Managers
- Care Coordinators
- Peer/Family Peer Support Specialists

COMPREHENSIVE TRANSITION OF CARE

Scope of Work

Comprehensive Transitional Care

- Alternative to ED and or Hospital Care
- Hospital Discharge Process
- Medication Reconciliation
- Crisis Planning
- Post Hospital Follow up
- Long Term Care and or Home and community based care.

Scope of Work

Comprehensive Transitional Care

- Relationships with hospital, providers, and community providers.
- Communication
  - Where member is currently and needs
- Facilitate Transfer from Peds to Adult system
- Member Focused

Transitions of Care Team Member Roles

- Nurse Care Managers
- Care Coordinator
  - Peer and or Family Support
    - Participate with crisis planning
    - Follow up phone calls after hospitalization

Individual and Family Support

Engaging and Supporting Members

- Members are valued
- It’s their plan
- Ownership
- Decision making
- Their Story Matters

Scope of Work: Individual and Family Support

Individual and Family Support Team Member Roles

- Nurse Care Managers
- Care Coordinators
- Peer / Family Support Specialist
  - Advocate
  - Assessing needs
  - Support for family
  - Social support

REFERRAL TO COMMUNITY & SOCIAL SUPPORT SERVICES

Supporting Members and Families

- Nonmedical
- Informal supports
  - Family
  - Friends
  - Faith – based organizations
- Formal supports
  - Government programs
  - Non – profit or charitable organizations
  - Community – based services

Medicaid Managed Care for Members with Mental Health Conditions and/or Substance Use Disorders: Connecting Members to Social Supports DECEMBER 2016 (Anthem Public Policy)

Scope of Work

Community / Social Support

PCP/Specialist

Wellness Program

Support Group

School Support

Substance Treatment

Scope of Work cont.

- Housing
- Transportation
- Community Integration
- Faith based
- Employment Educational programs

Referral to Community / Social Support Services Team Member Roles

- Nurse Care Managers
- Care Coordinators
- Peer/Family Peer Support Specialists

Q & A

Thank you!